



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use 	1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	0 1 6 - 4 1 2	MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	
ROSS KLICHER (2) 016-412 PLUMBERS AFL-CIO 310 LU 597 45 N OGDEN AVE CHICAGO, IL 60607 12/2000 		8. MAILING ADDRESS (Type or print in capital letters.) First Name _____ Last Name _____ P.O. Box • Building and Room Number (if any) _____ Number and Street _____ City _____ State _____ ZIP Code + 4 _____	
4. AFFILIATION OR ORGANIZATION NAME			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	
11	Pipe Fitters' Welfare Fund Pipe Fitters' Retirement Fund 45 N. Ogden Avenue Chicago, IL 60607 ITEM 14 Audit performed by an outside accountant
11	Pipe Fitters' Training Fund 220 E. 21st Street Chicago, IL 60616 Costin, Hammel & Leake, LLC 12130 S. Harlem Avenue Palos Heights, IL 60463

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Kenneth M. Lee</u> PRESIDENT (If other title, see instructions.) <u>3 127 101</u> (312) 829-4191 Date Telephone Number	77. SIGNED: <u>Ross B. Klicher</u> TREASURER (If other title, see instructions.) <u>3 127 101</u> (312) 829-4191 Date Telephone Number
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During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 7 0 6 4
19. What is the date of your organization's next regular election of officers? MO 0 4 YEAR 2 0 0 1
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>78 to 105</u> per <u>Quarter</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>125 to 1,250</u>
(c) Transfer Fees	\$ <u>None</u>
(d) Work Permits	\$ <u>26 to 35</u> per <u>Month</u> (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 1 6 - 4 1 2

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash	1	2 7 1 4 3 6	6 6 9 0 8 0
	26. Accounts Receivable			
	27. Loans Receivable			
	28. U.S. Treasury Securities		1 3 8 6 3 6 4	1 3 8 3 1 3 7
	29. Investments	2		1 9 4 0 0 0
	30. Fixed Assets	5	1 5 4 2 5 1 2	1 5 7 2 9 9 3
	31. Other Assets	3	2 0 0 0	5 9 7 5
	32. TOTAL ASSETS		3 2 0 2 3 1 2	3 8 2 5 1 8 5
LIABILITIES	33. Accounts Payable	8		
	34. Loans Payable			
	35. Mortgages Payable			
	36. Other Liabilities		4	
	37. TOTAL LIABILITIES			
	38. NET ASSETS (Item 32 less Item 37)		3 2 0 2 3 1 2	3 8 2 5 1 8 5

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 1 6 - 4 1 2

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			4 5 4 5 1 7 2	56. To Officers	9		1 2 6 2 5 3 5
40. Per Capita Tax				57. To Employees	10		3 7 9 0 5 3
41. Fees			3 8 5 2 9 7	58. Per Capita Tax			1 6 9 1 9 0 9
42. Fines			5 2 4	59. Fees, Fines, Assessments, etc.			
43. Assessments				60. Office & Administrative Expense	13		4 1 9 5 2 1
44. Work Permits			2 7 3 6 2	61. Educational & Publicity Expense ...			4 0 0 0 1
45. Sale of Supplies				62. Professional Fees			7 6 1 9 3
46. Interest			9 4 9 6 7	63. Benefits	11		6 0 5 7 0 7
47. Dividends				64. Contributions, Gifts & Grants	12		2 6 4 0 0
48. Rents			1 2 0 0 0 0	65. Supplies for Resale			
49. Sale of Investments & Fixed Assets	6		5 6 3 3 7 5 5	66. Direct Taxes			
50. Loans Obtained	8			67. Withholding Taxes			1 0 6 5 2 7
51. Repayments of Loans Made	1			68. Purchase of Investments & Fixed Assets	7		5 7 4 5 0 5 6
52. On Behalf of Affiliates for Transmittal to Them				69. Loans Made	1		
53. From Members for Disbursement on Their Behalf				70. Repayment of Loans Obtained	8		
54. Other Receipts	14		1 8 5 9 4 4	71. To Affiliates of Funds Collected on Their Behalf			
				72. On Behalf of Individual Members ...			
				73. Other Disbursements	15		2 4 2 4 7 5
55. TOTAL RECEIPTS			1 0 9 9 3 0 2 1	74. TOTAL DISBURSEMENTS			1 0 5 9 5 3 7 7

FILE NUMBER: 0 1 6 - 4 1 2

SCHEDULE 1 — LOANS RECEIVABLEForm LM-2 (Revised 2000)

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a)	
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	194,000
5. Total Book Value	194,000
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) <u>Certificate of deposit</u>	72,000
(b) <u>Certificate of deposit</u>	72,000
(c) <u>Certificate of deposit</u>	50,000
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	194,000
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 0 1 6 - 4 1 2

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. <u>Security deposit</u>	2,000
2. <u>Due from Welfare Fund</u>	3,975
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	5,975
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	None
2.	None
3.	None
4.	None
5.	None
6. Total from additional pages (if any)	None
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 1 6 - 4 1 2


Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)	659,131		659,131	863,685
3. Buildings (give location):				
4. Totals from additional pages (if any)	2,329,192	1,583,367	745,825	4,330,000
5. Automobiles and Other Vehicles	238,545	90,815	147,730	147,730
6. Office Furniture and Equipment	220,167	199,860	20,307	20,307
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	3,447,035	1,874,042	1 5 7 2 9 9 3	5,361,722
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS






Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. Land, 2001 Prairie, Chicago	55,512	55,512	93,940	93,940
2. U.S. Treasury Bills, Sold at				
3. Various Times in 2000, Varying Interest Rates, Etc.	5,539,815	5,539,815	5,539,815	5,539,815
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	5,595,327	5,595,327	5,633,755	5,633,755
		7. Less Reinvestments		
		8. Net Sales		5 6 3 3 7 5 5
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 1 6 - 4 1 2

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)	5,745,056	5,745,056	5,745,056
6. Totals of Lines 1 through 5	5,745,056	5,745,056	5,745,056
	7. Less Reinvestments		
	8. Net Purchases		5 7 4 5 0 5 6
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.			N/A		N/A
2.			N/A		N/A
3.			N/A		N/A
4.			N/A		N/A
5. Totals from additional pages (if any)			N/A		N/A
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in  Item 34  Item 50  Item 70  Item 75  Item 34					
			Column (C)	with Explanation	Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 1 6 - 4 1 2

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name: M C C A R T I N First Name: F R A N C I S X Title: B U S I N E S S M G R Status: C		1 1 0 3 3 6	1 7 5 0	1 6 2 3		1 1 3 7 0 9
Last Name: K L I C K E R First Name: R O S S P Title: F I N ' L S E C - T R E A Status: C		9 7 2 8 5	1 7 5 0	1 8 8 0		1 0 0 9 1 5
Last Name: C A D E First Name: C U R T I S Title: R E C O R D I N G S E C Status: C		9 7 2 8 5	1 7 5 0	9 4 8		9 9 9 8 3
Last Name: B U C H A N A N First Name: J A M E S Title: B U S A G E N T Status: C		9 7 2 8 5	1 7 5 0	6 0 8 7		1 0 5 1 2 2
Last Name: B U R K E First Name: T H O M A S A Title: B U S A G E N T Status: C		9 7 2 8 5	1 7 5 0	6 1 2 2		1 0 5 1 5 7
Last Name: E R F F M E Y E R First Name: W I L L I A M Title: B U S A G E N T Status: C		9 7 2 8 5		6 7 5		9 7 9 6 0
Last Name: G R O S S First Name: T O M D Title: B U S A G E N T Status: C		9 7 2 8 5	1 7 5 0	5 6 6 9		1 0 4 7 0 4
8. Totals from additional pages (if any)		482,438	24,500	28,047	0	534,985
9. Totals of Lines 1 through 8		1,176,484	35,000	51,051	0	1,262,535
				10. Less Deductions		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 1 2 6 2 5 3 5		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 1 6 - 4 1 2

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: G R I F F I N First Name: J O Y C E Position: C L E R K Name of Affiliated Organization:	4 8 6 5 9				4 8 6 5 9
Last Name: L A G O N First Name: L I N D A Position: C L E R K Name of Affiliated Organization:	4 8 7 9 3				4 8 7 9 3
Last Name: M C G U E First Name: C H A R L O T T E Position: C L E R K Name of Affiliated Organization:	5 3 4 8 6				5 3 4 8 6
Last Name: R O B E R T S First Name: M A R I L Y N Position: C L E R K Name of Affiliated Organization:	4 4 2 7 3				4 4 2 7 3
Last Name: R O T H First Name: B R I D G E T Position: C L E R K Name of Affiliated Organization:	5 4 9 1 1				5 4 9 1 1
6. Totals from additional pages (if any)	128,931	0	0	0	128,931
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7	379,053	0	0	0	379,053
9. Less Deductions					
Enter the Total from Line 10 in..... Item 57 ⇨			10. Net Disbursements 3 7 9 0 5 3		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 1 6 - 4 1 2

Description (A)	To Whom Paid (B)	Amount (C)
1. Health & Accident Insurance	Welfare Fund	210,914
2. Pension Benefits	United Assoc.	282,548
3. Sick & Death Benefits	Members	73,380
4. Misc. Benefits	Families, Etc.	38,865
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		6 0 5 7 0 7
Enter the Total from Line 6		Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Various & Numerous	
2. Contributions and	
3. Gifts - All Small	26,400
4. and Minor Amounts	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 6 4 0 0
Enter the Total from Line 8 in	
Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Telephone	52,650
2. Rent	9,291
3. Office Expenses	92,916
4. Insurance	82,799
5. Utilities	64,937
6. Building Expenses	116,928
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	4 1 9 5 2 1
Enter the Total from Line 8 in	
Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. Miscellaneous	927
2. From Consolidation	185,017
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 8 5 9 4 4
Enter the Total from Line 17 in Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Auto Expense	34,039
2. Transportation	4,584
3. Refunds	14,043
4. Meetings, Conference	29,270
5. Delegate Expense	73,500
6. Legal Fees - Lawsuits	78,127
7. Dinners & Banquets	2,956
8. Miscellaneous	1,981
9. Expense Advance	3,975
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 4 2 4 7 5
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME:
Pipe Fitters' Assoc., Local Union 597

ENDING DATE OF PERIOD COVERED:
December 31, 2000

FILE NUMBER: 0 1 6 - 4 1 2

PAGE 1 OF 2 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name First Name K U S Z Y N S K I J O H N		9 7 2 8 5	1 7 5 0	8 5 2 5		1 0 7 5 6 0
Title BUS A G E N T Status C						
Last Name First Name P A U L S E N E D W I N F		9 7 2 8 5	1 7 5 0	1 0 0 9 8		1 0 9 1 3 3
Title BUS A G E N T Status C						
Last Name First Name T R E T I N A R O L A N D E		9 7 2 8 5	1 7 5 0	9 4 6		9 9 9 8 1
Title BUS A G E N T Status C						
Last Name First Name W A T S O N G R E G O R Y		9 7 2 8 5	1 7 5 0	7 7 4 5		1 0 6 7 8 0
Title BUS A G E N T Status C						
Last Name First Name L E E K E N N E T H M		1 3 1 3 3	1 7 5 0	7 3 3		1 5 6 1 6
Title P R E S I D E N T Status C						
Last Name First Name M I L L E R J E R R Y F		1 3 1 3 3	1 7 5 0			1 4 8 8 3
Title V I C E P R E S I D E N T Status C						
Last Name First Name M A R O V I C H J O H N		7 1 1 2	1 7 5 0			8 8 6 2
Title E X E C U T I V E B O A R D Status C						
Last Name First Name M U R P H Y E D W A R D		7 1 1 4	1 7 5 0			8 8 6 4
Title E X E C U T I V E B O A R D Status C						
Totals		429,632	14,000	28,047	0	471,679

ORGANIZATION NAME:
Pipe Fitters' Assoc., Local Union 597

ENDING DATE OF PERIOD COVERED:
December 31, 2000

FILE NUMBER: 0 1 6 - 4 1 2

PAGE 2 OF 2 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name: O' REEL First Name: R A L P H Title: E X E C U T I V E B O A R D Status: C		7 1 1 4	1 7 5 0			8 8 6 4
Last Name: T R I G G S First Name: R I C H A R D K Title: E X E C U T I V E B O A R D Status: C		7 1 1 4	1 7 5 0			8 8 6 4
Last Name: B A R T L E M A N N First Name: R U D O L P H Title: F I N A N C E C O M M Status: C		1 2 3 1 2	1 7 5 0			1 4 0 6 2
Last Name: K O T E L First Name: G E R A L D Title: F I N A N C E C O M M Status: C		1 2 3 1 2	1 7 5 0			1 4 0 6 2
Last Name: M O R R I S S E Y First Name: K E V I N Title: F I N A N C E C O M M Status: C		1 2 3 1 2	1 7 5 0			1 4 0 6 2
Last Name: B E A U D R Y First Name: R O B E R T Title: I N S I D E G U A R D Status: C		1 6 4 2	1 7 5 0			3 3 9 2
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Totals		52,806	10,500	0	0	63,306

ORGANIZATION NAME:
Pipe Fitters' Assoc., Local Union 597

ENDING DATE OF PERIOD COVERED:
December 31, 2000

FILE NUMBER: 0 1 6 - 4 1 2

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name <u>A D A M S</u> First Name <u>C L A R E T H A</u> Position <u>J A N I T R E S S</u> Name of Affiliated Organization _____	7 0 2 1 1				7 0 2 1 1
Last Name <u>W Y R O B A</u> First Name <u>F R A N K</u> Position <u>J A N I T O R</u> Name of Affiliated Organization _____	5 8 7 2 0				5 8 7 2 0
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Totals	128,931	0	0	0	128,931

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

PIPE FITTERS' ASSOCIATION
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Page 1, Item 75, Additional Information
Question 16

The association president, Kenneth M. Lee, received a salary from Local Union 597 in the amount of \$13,133. He is also an officer and trustee for Pipe Fitters' Retirement Fund, Welfare Fund and Training Fund. He also receives a salary in excess of \$10,000 from Pipe Fitters' Retirement and Welfare Funds.

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Question 13

On August 1, 1999, the General Executive Board of the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada approved the consolidation of Local Union's 81, 422 and 597. The consolidation order gave Local 81 members the option of joining either Local 422 or Local 597. Approximately 200 of the 300 total members of Local 81 chose to become members of Pipe Fitters' Association, Local 597, U.A. As of December 31, 1999, all other details of the consolidation order had been completed and the effective date officially became January 1, 2000.

Assets received in the consolidation were as follows:

	<u>Local 597</u>	<u>Local 422</u>
Cash	\$ 185,017	\$ 64,211
Certificates of deposit	194,000	110,000
Land	23,000	-0-
Building	158,170	-0-
Accum. depr. bldg.	<u>(158,170)</u>	<u>-0-</u>
	<u>\$ 402,017</u>	<u>\$ 174,211</u>

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Schedule 5 - Fixed Assets, Line 2, Land

	<u>Cost</u>	<u>Book Value</u>	<u>Fair Market Value</u>
Bishop & Madison Chicago, IL	\$ 71,000	\$ 71,000	\$102,965
16 N. Bishop Chicago, IL	70,000	70,000	74,000
1458 W. Madison Chicago, IL	44,840	44,840	65,019
45 N. Ogden Chicago, IL	149,097	149,097	216,169
41 N. Ogden Chicago, IL	12,900	12,900	18,642
Ottawa, IL	23,000	23,000	28,000
Landscaping 45 N. Ogden Chicago, IL	33,650	33,650	37,403
Cullerton & Prairie Chicago, IL	<u>254,644</u> <u>\$ 659,131</u>	<u>254,644</u> <u>\$ 659,131</u>	<u>321,487</u> <u>\$ 863,685</u>

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Schedule 5 - Fixed Assets, Line 4, Buildings

	<u>Cost</u>	<u>Total Depreciation</u>	<u>Book Value</u>	<u>Fair Market Value</u>
45 N. Ogden, Chicago	\$1,617,550	\$1,217,518	\$ 400,032	\$2,750,000
41 N. Ogden, Chicago	251,960	196,335	55,625	1,160,000
16 N. Bishop, Chicago	247,571	9,378	238,193	255,000
Ottawa, Illinois	<u>212,111</u>	<u>160,136</u>	<u>51,975</u>	<u>165,000</u>
	<u>\$2,329,192</u>	<u>\$1,583,367</u>	<u>\$ 745,825</u>	<u>\$4,330,000</u>

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Page 8, Schedule 7, Purchase of Investments and Fixed Assets

Description of Assets	Cost	Book Value	Cash Paid
(A)	(B)	(C)	(D)
Vehicles	\$ 177,276	\$ 177,276	\$ 177,276
Building Improvements	26,275	26,275	26,275
Furniture and Equipment	4,917	4,917	4,917
U.S. Treasury Bills, Purchased at Various Times in 2000, With Varying Interest Rates and Due Dates			
	<u>5,536,588</u>	<u>5,536,588</u>	<u>5,536,588</u>
	<u>\$ 5,745,056</u>	<u>\$ 5,745,056</u>	<u>\$ 5,745,056</u>

